CONTRACTOR'S OJT TRAINEE ENROLLMENT FORM

Rev. 06/19

State Project Number:	Parish:	Date:
Contractor:	Addres	s:
Contractor's Representative Name:		Phone No.:
Representative's Email:		
Employee Interview TF	PAINEE PAYROLL	ID NO.:
		ST Match on Payroll):
Employee/Trainee Name:		
Address:		Phone No.:
Date of Birth:	Sey/Gender:	I Holic Ivo
Ethnic Group Designation: Asian & Pac	ific Islander:	American Indian/Alaskan Native:
Black:	Hispanic/Latino:	White/Other:
Employee Status: New: Upgrad	e:	
Position Held Currently:		Hourly Wage:
Previous OJT Training: Yes	No	Hourly Wage:
Previous OJT Training Classification:		
Graduate: Yes / Date:	No	
Employer during training:		
Describe your training/work duties prior to this training:		
Describe your truming, work duties prior	to this truning.	
Person to Conduct Training		Job Title:
New Job Classification of Trainee:		Training Hours needed:
OJT Job Classification DOT No:		
Which type of training: On-the-Job _		
Training Program to be used:		
Projected Start Date of Training (must be payroll period AFTER approval date):		
Trainee received a copy of the OJT Prog		
Describe the OJT training duties:		110
Please attach classification description to this page *Attach a copy of the appropriate OJT Construction Classification page available at		
http://wwwsp.dotd.la.gov/Inside LaDOTD/D	ivisions/Administration	n/Compliance/OJT%20Documents/OJT%20Constru
tion%20Classifications.pdf *		

For Compliance Programs Only		
Date Approved:		
Approved By (Name/Job Title):		
Approved OJT Job Class/Labor Class Code (Must Match On Payroll):		
Date Denied: Reason for den	ial:	

^{**}Remit completed form with attached classification description to DOTD Compliance Programs: Joyce Brignac, OJT Program Specialist joyce.brignac@la.gov OR fax to (225) 379-1865, ATTN: Joyce Brignac, OJT Program Specialist